DECLARATION OF CONTAMINATION OF VACUUM COMPONENTS

The repair and/or servicing of vacuum components will be carried out only if a correctly declaration has been submitted. The manufacturer can refuse to accept any equipment without a declaration. A separate declaration has to be completed for each single component. This declaration may be completed and signed only by authorized and qualified staff.

1. Description of the equipment	**2.a Reason for return**	**2.b Failure description**
- Type/model: ..... - Catalogue number: ..... - Serial number: ..... - Type of oil used:	Repair warranty ☐ chargeable ☐ Other	.....
3. Condition of the equipment - Has the equipment been used? Yes ☐ No ☐ - Is equipment free of contamination? Yes ☐ (go to 5) No ☐ (go to 4)	**4.a Contamination:** - toxic Yes ☐ No ☐ - corrosive Yes ☐ No ☐ - explosive Yes ☐ No ☐ - microbiological Yes ☐ No ☐ - radioactive Yes ☐ No ☐ - other harmful substances Yes ☐ No ☐	

4.b Description of processed substances

What substances have come into contact with the equipment

	Trade name	Chemical name	Hazardous classification
1			
2			
3			
4			

Equipment contaminated by microbiological, explosive or radioactive products will not be accepted without written evidence of decontamination.

Sending contaminated equipment should be performed in accordance with local transport regulations.

5. The validity of the declaration

One-time declaration ☐
valid only for equipment listed in 1

Permanent declaration ☐
valid for all equipment
for an indefinite period ☐
up to date (fill expire date) ☐ .....-.....-.....

Shipping equipment for service to PREVAC means acceptance of General Terms & Conditions of PREVAC company and customer approval to cover costs of expertise and shipment in a case of cancellation of service or rejection of the submitted complaint. Expertise is free of charge in case of ordering service according to cost estimate sent.

6. Legally binding declaration

I hereby declare that the information supplied on this from is accurate and sufficient to judge any contamination level

Company name : _____

Address: _____

Phone: _____ E-mail: _____

Name: _____ Company stamp:

Date : _____

Signature :

This form should be completed in three copies: the contractor, for the carrier, ad acta